

**Issue Classification**

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant												<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
	1			31			61			91			121			181	
1	2			32			62			92			122			182	
	3			33			63			93			123			183	
	4			34			64			94			124			184	
	5			35			65			95			125			185	
	6			36			66			96			126			186	
	7			37			67			97			127			187	
	8			38			68			98			128			188	
	9			39			69			99			129			189	
	10			40			70			100			130			190	
	11			41			71			101			131			191	
	12			42			72			102			132			192	
	13			43			73			103			133			193	
	14			44			74			104			134			194	
	15			45			75			105			135			195	
	16			46			76			106			136			196	
	17			47			77			107			137			197	
	18			48			78			108			138			198	
	19			49			79			109			139			199	
	20			50			80			110			140			200	
	21			51			81			111			141			201	
	22			52			82			112			142			202	
	23			53			83			113			143			203	
	24			54			84			114			144			204	
	25			55			85			115			145			205	
	26			56			86			116			146			206	
	27			57			87			117			147			207	
	28			58			88			118			148			208	
	29			59			89			119			149			209	
	30			60			90			120			150			210	